

FEE: \$80
NON-REFUNDABLE

Payable to:
Maine State Treasurer

BRANCH OFFICE LICENSE APPLICATION

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION

MAILING ADDRESS:

MAINE REAL ESTATE COMMISSION

35 STATE HOUSE STATION, AUGUSTA ME 04333-0035

PH 207 624-8518 FAX 207 624-8637 HEARING IMPAIRED 888-577-6690

INTERNET WWW.MAINEPROFESSIONALREG.ORG

FOR MREC OFFICE USE ONLY

CHECK NO _____

AMT _____

CASH NO _____

APPRVL DATE _____

LIC NO _____

LIC TERM _____

INSTRUCTIONS

- Complete ALL sections. Incomplete applications will be returned.
- Legal and trade names of branch office must be same as main office.
- Each location other than the main office, including licensees' homes, where real estate brokerage business is regularly conducted or that is advertised as a location where the public may contact the agency or its employees concerning brokerage services must be licensed as a branch office. See 32 MRSA Chapter 114, Subchapter III
- Agency licensees who will staff the branch office are encouraged to file a change of license application to formally register affiliation with the branch office to ensure accurate business contact information is available to the public. The agency's main office address and phone number is the default contact information if a licensee is not formally affiliated with a branch office.
- The Designated Broker of the main office is the branch manager unless otherwise indicated. Branch manager must hold a broker license.

1. LEGAL NAME OF MAIN OFFICE _____
MAIN OFFICE LICENSE NO. _____ LICENSE EXPIRE DATE ____/____/____
2. TRADE NAME OF MAIN OFFICE _____
3. BRANCH MANAGER (MUST HOLD A BROKER LICENSE) _____
BRANCH MANAGER LICENSE NO. _____ LICENSE EXPIRE DATE ____/____/____
4. BRANCH OFFICE MAILING ADDRESS STREET or P O BOX _____
CITY _____ COUNTY _____
STATE _____ ZIP _____ PHONE ____/____--____ FAX ____/____--____
EMAIL _____
5. PHYSICAL LOCATION STREET or P O BOX _____
CITY _____ COUNTY _____
STATE _____ ZIP _____ PHONE ____/____--____ FAX ____/____--____
EMAIL _____
6. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____
7. LICENSEE(S) WHO WILL STAFF BRANCH OFFICE PRINT NAME & LICENSE NUMBER

8. SIGNATURE OF DESIGNATED BROKER _____ DATE _____

This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.